

State of Arizona
Board of Homeopathic Medical Examiners

1400 W. Washington, Room 230 Phoenix, AZ 85007

Telephone (602) 542-3095 Fax (602) 542-3093

MEDICAL ASSISTANT APPLICATION FORM I

Registration For Medical Assistants Who Have Completed Formal Educational Programs

(see R4-38-301.E.)

Submit one form for each Medical Assistant within two weeks of employment and \$150 for registration of Supervisory Physician

A. Medical Assistant Information

(Refer to R4-38-301(C) for more information and R4-38-302 for standard educational guidelines.)

1. *Medical Assistant's Name:* _____

Home Address _____

Home Phone Number _____

Home FAX Number _____

Required Confidential Information: SSN _____

2. *Clinic Address(es) where procedure will be performed:*

Clinic Phone Number _____

Clinic FAX Number _____

If more than one location please attach on a separate sheet

3. *Attach a complete curriculum vitae of the Medical Assistant.*

B. Formal Education For Medical Assistant Qualifications

(check the area of formal training qualifications)

_____ **General Medical Office Procedures**

(provide documentation of 240 classroom hours in medical secretarial skills; 240 classroom hours in back office assisting and 320 hours of supervised clinical experience)

_____ **Neuromuscular Integration Therapy Procedures**

(provide documentation of 1200 classroom hours in hand-on techniques, sciences, theories and principles; 720 hours of supervised clinical experience; 580 classroom hours in general studies and 1000 hours of didactic and clinical training and certification by the American Massage Therapy Association)

_____ **Acupuncture Therapy Procedures**

(provide documentation for completion of a didactic and clinical training program in acupuncture; examination and certification by the National Commission for the Certification of Acupuncture (NCCA))

- _____ ***Homeopathic Repertorization Procedures***
(provide documentation of 180 hours of formal educational program which includes didactic and supervised clinical experience and whose curriculu ms are approved by the Board or preceptorship approved by the Council for Homeopathic Certification)
- _____ ***Nutritional Counseling Procedures***
(provide documentation of 500 hours in clinical nutrition approved by the Board or certification by the International University for Nutrition Education)
- _____ **Non-Specified, General Medicine or Homeopathic Practices**
(provide documentation of degree of educational training and clinical supervision equivalent to the formal educational requirements in the above areas)

C. Proposed job description:

D. Supervising Physician Information

(Refer to R4-38-301(H) and R4-38-303 for more information.) For supervision of any procedures other than that of performing general medical office procedures recognized as common within the Allopathic and Osteopathic community, a homeopathic physician shall submit, for approval by the Board, evidence of the physician's education and practice experience in the specified delegated procedure.

1. Physician's name: _____
2. List your educational qualifications and practice experience:
3. Attach documentation of completion of at least 25 hours of postgraduate education in the specified delegated procedure listed above in Part C.

******* NOTE*******

Upon Board approval of this application, the Medical Assistant, while performing duties, shall wear a clearly labeled tag stating the designation of "Medical Assistant"